



Indiana State Department of Health

Project: Indiana State Trauma Care Committee (ISTCC)

Date: August 9, 2013 – 10:00 am

Attendance: **Committee members present:** William C. VanNess II, MD (Chair); Mike Garvey as proxy for John Hill; William J. Mullikan, MD as Proxy for Stephen Lanzarotti, MD; Spencer Grover, Lewis Jacobson, MD; Meredith Addison, RN; Ryan Williams, RN; Lisa Hollister, RN; David Welsh, MD; R. Lawrence Reed, MD; Chris Hartman, MD; Matthew Vassy, MD; Timothy Smith; Gerardo Gomez, MD; Darren Collar as proxy for Tony Murray, Ex Officio member

Committee member present via telephone:

Committee members not present: Michael McGee, Donald Reed, MD & Scott Thomas, MD

ISDH Staff Present: Art Logsdon; Brian Carnes, Katie Gatz; and Jessica Skiba

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – William VanNess, MD Chair	Dr. VanNess opened the meeting at 10:00 am and asked attendees in the room and on the phone to introduce themselves.	N/A	N/A
2. Approval of Minutes from the May 10, 2013 meeting – William VanNess, MD, Chair	Dr. VanNess asked for corrections to the May 10, 2013 Indiana State Trauma Care Committee minutes. Hearing none, he stated the minutes of the May 10, 2013 meeting stand as distributed.	Minutes Approved as distributed.	N/A
3. Trauma Registry/EMS Registry Reports Katie Gatz	EMS Registry Report – Katie reported the pilot project is moving forward with two training sessions completed thus far. The session in southern Indiana hosted 46 attendees while northern Indiana's session drew 67 providers. Currently there are 23 providers reporting on a regular basis with another 44 providers working toward participation in the project. While noting there have been upwards of 181,000 incidents reported		



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	<p>from January 2, 2008 through July 30, 2013 Katie stated that the data in this report encompasses ALL data that has been submitted to the Registry thus far with the vast majority generated from Indianapolis EMS. She also noted this is a very small sample size.</p> <p>Katie introduced Jessica Skiba, the Injury Prevention Epidemiologist for the Trauma & Injury Prevention Division. Katie credited Jessica with the compilation of the data presented at this meeting.</p> <p>She further noted that the staff is working hard, along with EMS providers, to learn what providers want to see from the data submitted to the Registry.</p> <p>Dr. Jacobson asked if 'trauma only' data could be gleaned from this data. Katie responded that this data can be broken out separately.</p> <p>Katie stated the data reported is <u>all</u> data submitted, not just trauma data.</p> <p><u>2012 Annual Statewide Report</u> – Katie reported that in 2012, very basic patient demographic information was reported with only six graphs in the report showcasing data and with only 24 hospitals reporting data. In 2013 Katie reported more than 20 different graphs with a focus on 'transfer data and patient outcomes'. For this report trauma centers accounted for 68% of the data reported. However, in-depth analysis of this data has not yet been done.</p> <p>Dr. Gomez asked how ISDH is getting ISS from non-trauma centers. Katie responded that the registry has been set up to auto-populate the AIS code most often associated with the ICD-9 code the user enters.</p>		
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	<p>Dr. Lawrence Reed asked if we can peel off the ED LOS (length of stay) for trauma centers vs. non-trauma centers. Katie responded that they are currently doing that.</p> <p>Katie reminded the group of the color-coding on the graphs:</p> <p>RED – trauma centers BLUE – statewide data GREEN – non-trauma centers</p> <p>Dr. Jacobson requested that staff send data out early – ED length of stay for patients in trauma centers as opposed to non-trauma centers. Of patients with ISS of greater than 15% = how many are in trauma centers and how many are in non-trauma centers? And send this along with ED dispositions so we can begin to show the value of trauma centers and show hospitals the value of becoming trauma centers by demonstrating the quality indicators and to ensure that severely injured patients are ending up in trauma centers. Katie said we can do this moving forward.</p> <p><u>Quarter 1 Data</u></p> <p>Nine new hospitals have begun reporting, however five hospitals have stopped transmitting data to the Registry.</p> <p>Katie also presented the following information:</p> <ul style="list-style-type: none">• Reviewed the hospitals reporting to the Registry by district. The number of reporting hospitals is 43.• Reported 18 hospitals have been trained with several of them reporting data. The ones that have not started reporting at the time of this report should be reporting by the time of the next quarterly report.		
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- Shared that data from 43 reporting hospitals including 9 verified trauma centers and 34 non-trauma centers show 5,281 incidents from January to March 2013.

In summary Katie stated the data reported this quarter is consistent with data reported in previous quarters.

Transfer Patient Data

1,200 patients were transferred during this quarter with average transfer time of 61 minutes – 11 minutes longer than last quarter.

In response to a request from Dr. Lawrence Reed, Katie explained she has done more work on transfer cases – being able to link 184 incidents. She noted this is a manual labor-intensive process. Data points included first and last names of the patient and injury dates. Once this data was entered/submitted, she was able to identify 184 cases.

She noted that much EMS data is missing because non-trauma centers are not receiving EMS run sheets from pre-hospital providers.

Dr. Lawrence Reed complimented her on the work done for this report stating it is good to see numbers and data emerging from the submitted information.

Katie reported that the time from EMS notification until arrival on scene on average is 10 minutes. Average time on scene until departure from the scene is 17 minutes. These numbers are generated from data submitted statewide during Quarter 1 this year for the entire state.



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	<p>The data below was manually collected by Katie.</p> <ul style="list-style-type: none">• 10 minutes from notification to scene• 17 minutes from scene to the first hospital (non-trauma center)• 3 hours and 13 minutes on average time spent in the emergency department (ED) of the non-trauma center.• 1 hour 1 minute to arrival at the trauma center. (A percentage is needed from this data). Katie stated she was not able to calculate a percentage from this data because she was unable to link over 700 cases due to missing information.• Total time elapsed from notification to arrival at a trauma center is 5 hours. <p>Dr. Hartman asked if any data is collected to see if the need for extraction is included in the times. This data point is not collected at this time in the Trauma Registry but it is collected by the EMS Registry which is a major reason for linking these two systems.</p> <p>The ISTCC complimented Katie on her work on the compilation of this data.</p> <p>The question was asked if this data could be linked automatically.</p> <p>Katie responded that at this time there is no way to probabilistically match the data, but the hope is to begin working on this over the next year or so.</p> <p>EMS providers don't always have accurate data readily available, i.e., date of birth and other essential data. Sometimes victims aren't carrying ID. It is sometimes difficult to collect data.</p>		
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	<p>Brian Carnes, Director of the Trauma & Injury Prevention Division also praised Katie for her diligent work on this project as it is time consuming, but noting also when the “software catches up” the data should be easy to assimilate.</p> <p>Brian discussed ICD 9 and 10 codes noting when the state transitions to ICD-10, the coding should provide more detail than what currently exists.</p>		
4. Performance Improvement (PI) Subcommittee Update - Melissa Hockaday	<p>In Ms. Hockaday’s brief report she stressed the three main goals and/or objectives of the Subcommittee:</p> <ul style="list-style-type: none">• Increase the number of non-trauma centers reporting data to the Indiana trauma registry. Trauma centers are developing mentorships with non-trauma centers that are not yet reporting.• Decrease ED LOS for transfer patients. Goal was set <2 hours at the PI subcommittee meeting in June.• Increase EMS run sheet collection. <p>Mike Garvey, Indiana Department of Homeland Security, stated the EMS rules mandate that a ‘run sheet’ be left as part of the hospital’s record. He offered his agency’s assistance in “encouraging” EMS providers to leave run sheets.</p> <p>There was discussion about data from other states the Committee can review to see how others are handling this issue.</p>	N/A	N/A
5. Pediatric Requirements “In the Process” – Dawn Daniels	<p>Mr. Logsdon prefaced Ms. Daniels remarks stating the pediatric “in the process” standards were discussed at length during the last ISTCC meeting. Ms. Daniels and others volunteered to come together to work on this document and report back at this meeting.</p>	<p>Dawn will revise document and send to Mr. Logsdon for transmittal to IDHS for inclusion in the “In The</p>	



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	<p>Ms. Daniels presented the revised draft document to the Committee in hard copy. Changes were discussed and ideas exchanged.</p> <p>Dr. Gomez suggested consensus approval of the document with incorporated changes. The ISTCC concurred.</p> <p>Ms. Daniels will make the necessary changes and forward the document to Art who will in turn send the document to the Indiana Department of Homeland Security. The document will then become the standard by which “in the process” pediatric trauma centers are judged.</p>	Process – Pediatric Requirements”	
6. “In The Process of ACS Verification” Application - IU Health Ball - Memorial Hospital (Muncie)	<p>The full application from IU Health – Ball Memorial Hospital was presented to the group. Mr. Logsdon reviewed the process which a hospital must take to become a trauma center.</p> <p>He introduced the group representing Ball Memorial Hospital. He then asked Dr. Gomez if the hospital had complied with all necessary information and documentation needed for the review. Dr. Gomez stated “yes”. Each ISTCC member was given the entire packet of information regarding the application.</p> <p>Art and the ISTCC then went through the document section by section while entertaining discussion during the process. No negative comments were heard.</p> <p>Mr. Logsdon asked for a recommendation by the ISTCC.</p> <p>Dr. VanNess entertained a consensus approval by the Committee.</p> <p>The ISTCC indicated its consensus that IU Health – Ball Memorial Hospital be considered “In The Process of ACS Verification”.</p>	N/A	N/A



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	<p>NOTE: ISTCC discussed the need to take a verbal and/or roll call vote on this and future applications. It was decided that if there were dissenting views and discussions then such votes would be taken for the record.</p> <p>Mr. Logsdon stated the EMS Commission meets on August 16, 2013 and this application, the ISTCC's recommendation and the Commissioner's recommendation will be part of the presentation by the Indiana State Department of Health at that meeting.</p>		
7. Updates	<p>Trauma Registry Rule – Art reviewed the history of this rule stating this rule was preliminarily adopted by the Executive Board of the Indiana State Department of Health during their meeting on January 9, 2013.</p> <p>A public hearing on this rule was held on July 29, 2013. One written comment was accepted and no verbal comments or testimony were registered. The public record on this meeting will remain open until Friday, August 16, 2013. Comments will be accepted up to and including that date.</p> <p>Vacant Positions – Brian noted there are two vacant positions in the Trauma & Injury Prevention Division at this time – EMS Registry manager and a data analyst. Please share information regarding possible candidates with Brian, Katie or Art.</p> <p>Grant Approvals – Brian stated the Division has received approved grants from NHTSA and the Indiana Criminal Justice Institute.</p> <p>Para-medicine – This is a topic the group is beginning to delve into and they are anxious to hear what other states are doing with this topic. If anyone has information, please share with Brain and his staff.</p>	N/A	N/A



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	<p>Brian also reminded the group there will be a Medical Directors Symposium coming soon. Contact Katie or Brian for more information.</p> <p>Optimal Course – October 11, 2013 - \$350 registration – purchase one registration get the second registration free. Two sessions will be offered and registrations are being accepted. Contact Brian or Katie for more information.</p> <p>Merry Addison reminded the group there will be a Trauma Program Managers Course offered at Methodist Hospital on November 13 and 14, 2013. Registration is now open.</p>		
8. Other Business	<p>There was discussion as to why there was “no flood of applications” to become “in the process”. This discussion revolved around physicians who do not wish to be on-call or held close to a trauma center but would rather specialize in more limiting practices and don’t wish to take ER calls.</p> <p>Dr. VanNess praised the discussion and noted the Subcommittee can begin to look at this issue in the future.</p> <p>Dr. VanNess adjourned the meeting at 11:45 am. The next meeting is scheduled for Friday, November 8, 2013 at 10 am in Rice Auditorium at the Indiana State Department of Health.</p>	N/A	N/A